

COUNTY NAME _____

NOTE: If your agency provides services to more than one county, provide separate “SERVICES AND VISITS” and “PERSONNEL DATA” for each county served. Please reproduce Pages 3 and 4 as necessary.

E. SERVICES AND VISITS

Please read carefully the Instructions, Section E, before completing this section. Remember that information in Sections E and F should reflect CALENDAR YEAR data.

1. Utilization Data: To check your information (a + b - e = f)

a.	Total number of patients on first day of reporting period (January 1, 2006)	
b.	Total number of patient admissions during year	
c.	Total number of patient discharges (include deaths)	
d.	Total number of patients remaining on last day of reporting period	
e.	Total number of patient readmissions	
f.	Total number of unduplicated patients served during calendar year	
g.	Total number of visits made	

2. By discipline:

	No. of People Served	No. of Visits		No. of People Served	No. of Visits
a. Intermittent Skilled Nursing			d. Speech, Hearing Therapy		
b. PT			e. Social Services		
c. OT			f. HHA		

3. By payor source:

PAYOR SOURCE	VISITS	PAYOR SOURCE	VISITS
a. Medicare		e. No Pay Source*	
b. Medicaid		f. Managed Care	
c. Private Health Insurance		g. Other:	
d. Self-Pay		h. TOTAL	

*See Instructions, Section E

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F. PERSONNEL DATA

1. Please indicate the agency’s full-time equivalents (FTEs) as of December 31, 2006.
Please read Instructions, Section F, for applicable information.

Discipline	Employees (FTEs)	Contract (FTEs)	Discipline	Employees (FTEs)	Contract (FTEs)
a. Nurses - RN			g. Home Health Aides		
b. Nurses - LPN			h. PTA		
c. Physical Therapists			i. COTA		
d. Occupational Therapists			j. Administrative		
e. Speech Therapists			k. Administrative Support/Clerical		
f. Medical Social Workers			l. TOTAL (All Categories)		